

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034613  
STATE FILE NUMBER

SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8723

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ashley 21-26 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 32
3. NAME OF DECEASED (Type or print) First Middle Last Herbert Gene Qualls			4. DATE OF DEATH Month Day Year Sept. 8, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1941
9. AGE (In years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student School	11. BIRTHPLACE (City and state or country) Nashville, Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Qualls	13b. MOTHER'S MAIDEN NAME Gladys Zachry
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name, rank, service, give war or dates of service) No. Nil.	16. SOCIAL SECURITY NO. None
17. INFORMANT Richard Qualls, Ashley, Illinois.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sept. fracture of femur (bilateral)</i>			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Underwent Resection of part of left lung - 6d.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>491X</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>8/20/58</i> to <i>9/18/58</i> and last saw her alive on <i>9/18/58</i> Death occurred at <i>12 P.M.</i> <i>12</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jos. L. Lucido</i>	(Degree or title) M.D.	22b. ADDRESS <i>6347 N. Grand</i>	22c. DATE SIGNED <i>9/9/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ashley Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Ashley, Illinois.</i>
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>	ADDRESS <i>4700 Washington, Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>SEP 9 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mgs</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. W. Dumble* .....

Licensed Embalmer No. *653* .....

P. O. Address *St. Louis Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.